

**Application for License to
Operate a Long-term Care Facility**

For Office Use Only
Received 12.9.09
Amount \$1830-

12/14/09
email
Ch#
61435

I. IDENTIFICATION

Name LaRue County Geriatrics Center Inc.dba Sunrise Manor

Address 80 Phillips Lane

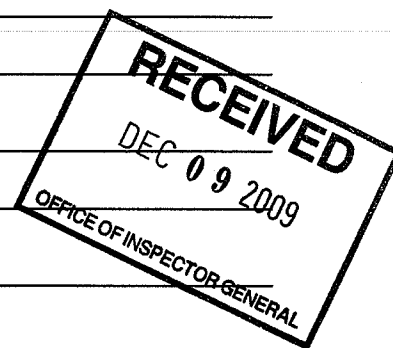
City/County/Zip Hodgenville, KY 42748

Telephone number 270/358-3103 sunrisemanor@windstream.net

Administrator Daphne Loyall

Date facility operation began at current address 1967

Date facility began operation under current owner 1967



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>122</u>	<u>122</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit	Individual
County <input checked="" type="checkbox"/> X	Nonprofit <input checked="" type="checkbox"/> X	Partnership
City		Corporation <input checked="" type="checkbox"/> X
Private		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
N/A

(OVER)

Name of corporation	LaRue County Geriatrics Center Inc.
Address of corporation	80 Phillips Lane Hodgenville, KY 42748
President or Chairman	Rondal Wright
Vice President	David Ragland
Secretary	Linda Carter
Treasurer	Linda Carter

Name and address of parent corporation and/or management company, if applicable.

Management Company

Daphne Royall
Signature of authorized representative

Administrator 12/2/09

Title Date

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

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(10/2002)